

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Peter Clemens for Congress

ADDRESS (number and street)

3637 N 600 E

Check if different
than previously
reported. (ACC)

North Ogden

UT

84414

2. FEC IDENTIFICATION NUMBER ▼

C

C00543223

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

UT

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tammy Clemens

Signature of Treasurer

Tammy Clemens

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Peter Clemens for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21755.00	69935.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21755.00	69935.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14071.72	14578.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14071.72	14578.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13194.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 25

Write or Type Committee Name

Peter Clemens for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

18300.00

58150.00

(ii) Unitemized.....

2455.00

9785.00

(iii) TOTAL of contributions from individuals ▶

20755.00

67935.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

21755.00

69935.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

21755.00

69935.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14071.72	14578.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14071.72	14578.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5510.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21755.00
25. SUBTOTAL (add Line 23 and Line 24).....	27265.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14071.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13194.16

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Mark Abbott

Mailing Address 578 W 2075 N

City

Centerville

State

UT

Zip Code

84014-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer

UIA

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8KGCJQ0C4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Joan Balcombe MD

Mailing Address 1054 E 5150

City

Odgen

State

UT

Zip Code

84403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogden Regional Medical Center

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : VN8KGCJMPX1

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Bruce Bastian

Mailing Address 1384 N 450 E

City

Orem

State

UT

Zip Code

84097-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : VN8KGCJPY71

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional).....

2200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial) James Berger		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 1802 Mohawk Ln		Transaction ID : VN8KGCJKM00	
City Ogden	State UT	Zip Code 84403-4649	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pediatrix Medical Group of Utah	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Jeffrey E. Booth M.D.		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 1679 Martinet Ln		Transaction ID : VN8KGCJKVR5	
City Ogden	State UT	Zip Code 84403-4473	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Jeffrey E. Booth M.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1679 Martinet Ln		Transaction ID : VN8KGCJYAQ8	
City Ogden	State UT	Zip Code 84403-4473	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
SUBTOTAL of Receipts This Page (optional).....		550.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Stephen Bruce MD

Mailing Address 2815 Pierce Ave

City

Ogden

State

UT

Zip Code

84403-0535

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Ogden Center for Family Medicine

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2014

Transaction ID : VN8KGCJMQH9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Deanna Byck

Mailing Address 1899 27th St

City

Ogden

State

UT

Zip Code

84403-0505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Writer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8KGCJYAK6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Chris Carroon

Mailing Address P.O.Box 68100

City

Park City

State

UT

Zip Code

84068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Developer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2014

Transaction ID : VN8KGCJMQP9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial) Peter Carroon		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 76 H St		Transaction ID : VN8KGCJKXH3	
City Salt Lake City	State UT	Zip Code 84103-2962	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carroon Company	Occupation Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Constance J. Clemens		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 2034 I Ave		Transaction ID : VN8KGCJKXW0	
City Anacortes	State WA	Zip Code 98221-3715	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
C. Full Name (Last, First, Middle Initial) Constance J. Clemens		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 2034 I Ave		Transaction ID : VN8KGCJQ270	
City Anacortes	State WA	Zip Code 98221-3715	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		
SUBTOTAL of Receipts This Page (optional).....		1550.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial) Russ Dean		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 5136 Mile High Cir		Transaction ID : VN8KGCJKXJ1	
City Ogden	State UT	Zip Code 84403-4493	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Weber State University	Occupation Assist. Professor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Kathy Deremer		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 5405 S 500 E		Transaction ID : VN8KGCJKXX9	
City Ogden	State UT	Zip Code 84405-6957	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ogden Regional Medical Center	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Roxane Googin		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 3060 Crestline Dr		Transaction ID : VN8KGCJPXP7	
City Park City	State UT	Zip Code 84060-6812	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		1750.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. Joe Graham

Mailing Address 5212 Mile High Cir

City

Ogden

State

UT

Zip Code

84403-4493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountainstar CardiovascularOccupation
Cardiovascular Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : VN8KGCJKJX5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George E. Hall

Mailing Address 1528 Maule Dr

City

Ogden

State

UT

Zip Code

84403-0413

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN8KGCJYAA5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ian Heuton

Mailing Address 1883 20th St

City

Ogden

State

UT

Zip Code

84401-0939

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Engineer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : VN8KGCJKXA8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Dave Lerner

Mailing Address 7913 Gambel Dr

City

Park City

State

UT

Zip Code

84098-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8KGCJYB57

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Vicki Lyons MD PC

Mailing Address 4877?Skyline Dr

City

Ogden

State

UT

Zip Code

84404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allergy and Asthma Clinic

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 20 2014

Transaction ID : VN8KGCJP1S1

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Peter Metcalf

Mailing Address PO Box 680188

City

Park City

State

UT

Zip Code

84068-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Diamond

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 20 2014

Transaction ID : VN8KGCJKT3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Steven Porter MD

Mailing Address 5521 Elkridge Cir

City

Eden

State

UT

Zip Code

84310-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Transaction ID : VN8KGCJKP39

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Mark 'Roody' Rasmussen

Mailing Address 1778 N 6250 E

City

Eden

State

UT

Zip Code

84310-9771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petzel IncOccupation
Mgr

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2014

Transaction ID : VN8KGCJP179

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mark 'Roody' Rasmussen

Mailing Address 1778 N 6250 E

City

Eden

State

UT

Zip Code

84310-9771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petzel IncOccupation
Mgr

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : VN8KGCJYAZ9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) Jon Shively		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 187 Cambridge Ave		Transaction ID : VN8KGCJJK15
City Harrisville	State UT	Zip Code 84414-2165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Jon Shively		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 187 Cambridge Ave		Transaction ID : VN8KGCJJK31
City Harrisville	State UT	Zip Code 84414-2165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Travis Slade MD		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 763 Church St		Transaction ID : VN8KGCJKVG2
City Layton	State UT	Zip Code 84041-2568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Anestheologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial)
Harold Vonk

Mailing Address 1242 E 5375 S

City Ogden State UT Zip Code 84403-4544

FEC ID number of contributing federal political committee. C

Name of Employer not employed Occupation not employed

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8KGCJYAX3

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Robert Whipple

Mailing Address 883 E Burch Creek Holw

City Ogden State UT Zip Code 84403-4279

FEC ID number of contributing federal political committee. C

Name of Employer Ogden Clinic Occupation Surgeon

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8KGCJYA06

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Kent E. Winward Esq.

Mailing Address 4850 Harrison Blvd
Ste 1

City Ogden State UT Zip Code 84403-4389

FEC ID number of contributing federal political committee. C

Name of Employer Hendricks Law Associates Occupation Attorney

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8KGCJYAN2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Robert H. Ziegler MD

A.

Mailing Address PO Box 966

City

Eden

State

UT

Zip Code

84310-0966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogden Clinic

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		18		2014

Transaction ID : VN8KGCJKX41

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

18300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

Good Government PAC

Mailing Address 2650 Washington Blvd
Ste 201

City State Zip Code
Ogden UT 84401-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 01 / 2014

Transaction ID : VN8KGCJK6W1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. DataZ

Mailing Address PO Box 12951

City	State	Zip Code
Ogden	UT	84412-2951

Purpose of Disbursement
venue rental

007

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2014

Amount of Each Disbursement this Period

925.00

Transaction ID : VN7M89RXWS3

B. Harvest DaurelleMailing Address 1470 E Sandpiper Cir
Apt 145

City	State	Zip Code
Salt Lake City	UT	84117-6841

Purpose of Disbursement
fundraising

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : VN7M89RXG91

c. Harvest DaurelleMailing Address 1470 E Sandpiper Cir
Apt 145

City	State	Zip Code
Salt Lake City	UT	84117-6841

Purpose of Disbursement
campaign materials

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

Amount of Each Disbursement this Period

131.94

Transaction ID : VN7M89RXZH6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4056.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. DCS PoliticsMailing Address 600 Pennsylvania Ave SE
Ste 200

City Washington State DC Zip Code 20003-4344

Purpose of Disbursement
Web hosting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	19	2014

Amount of Each Disbursement this Period

540.00

Transaction ID : VN7M89RX8J5

B. Oscar L Mata

Mailing Address 5153 Aztec Dr

City Ogden State UT Zip Code 84403-4606

Purpose of Disbursement
fundraising

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	09	2014

Amount of Each Disbursement this Period

500.00

Transaction ID : VN7M89RX8K3

c. Oscar L Mata

Mailing Address 5153 Aztec Dr

City Ogden State UT Zip Code 84403-4606

Purpose of Disbursement
fundraising

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	31	2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : VN7M89RXG83

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2040.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. Oscar L Mata

Mailing Address 5153 Aztec Dr

Date of Disbursement

M M	D D	Y Y Y Y
02	25	2014

City	State	Zip Code
Ogden	UT	84403-4606

Purpose of Disbursement
fundraising

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00

Transaction ID : VN7M89RXWT1

B. Oscar L Mata

Mailing Address 5153 Aztec Dr

Date of Disbursement

M M	D D	Y Y Y Y
03	14	2014

City	State	Zip Code
Ogden	UT	84403-4606

Purpose of Disbursement
fundraising

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VN7M89RXZG8

C. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

Date of Disbursement

M M	D D	Y Y Y Y
01	09	2014

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement
database software

003

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1950.00

Transaction ID : VN7M89RX8T9

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. NGP VAN, IncMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
database software

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

Amount of Each Disbursement this Period

1950.00

Transaction ID : VN7M89RXZF0

B. PDQ Printing

Mailing Address 3820 S Valley View Blvd

City Las Vegas State NV Zip Code 89103-2904

Purpose of Disbursement
printed campaign materials

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

377.00

Transaction ID : VN7M89RXG75

c. Sandy's Fine Foods

Mailing Address 3233 Washington Blvd

City Ogden State UT Zip Code 84401-3912

Purpose of Disbursement
event catering

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

349.93

Transaction ID : VN7M89RXWQ7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2676.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. State of Utah

Mailing Address PO Box 142325

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Salt Lake City	UT	84114-2325

Amount of Each Disbursement this Period

485.00

Purpose of Disbursement
Filing fee

001

Transaction ID : VN7M89RXZM0

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. ACTBLUE Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2014

City	State	Zip Code
Cambridge	MA	02138-5106

Amount of Each Disbursement this Period

10.87

Purpose of Disbursement
Credit Card Processing Fees

003

Transaction ID : VN7M89RX878

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. ACTBLUE Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2014

City	State	Zip Code
Cambridge	MA	02138-5106

Amount of Each Disbursement this Period

9.88

Purpose of Disbursement
Credit Card Processing Fees

003

Transaction ID : VN7M89RXEN2

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

505.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. ACTBLUE Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2014

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
credit card processing fees

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

456.23

Transaction ID : VN7M89RX9K4

B. ACTBLUE Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2014

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
Credit Card Processing fees

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

74.08

Transaction ID : VN7M89RX9N0

c. ACTBLUE Technical Services

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
credit card processing fees

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

9.88

Transaction ID : VN7M89RXX32

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

540.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Peter Clemens for Congress

Full Name (Last, First, Middle Initial)

A. ACTBLUE Technical Services

Mailing Address 14 Arrow St

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
credit card processing fees

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2014

Amount of Each Disbursement this Period

11.85

Transaction ID : VN7M89RXZP5

B. ACTBLUE Technical Services

Mailing Address 14 Arrow St

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
credit card processing fees

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

40.49

Transaction ID : VN7M89RXYW0

c. ACTBLUE Technical Services

Mailing Address 14 Arrow St

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
credit card processing fees

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

53.33

Transaction ID : VN7M89RXZ02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.67

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VN8KG9NVZ82L

Peter Clemens for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Peter Clemens

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3637 N 600 E

City

State

ZIP Code

North Ogden

UT

84414-1668

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 08 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12000.00

TOTALS This Period (last page in this line only)..... ►

12000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.